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(54) Title: COMPOSITIONS AND METHODS FOR FACILITATING SKIN GROWTH AND MANAGING SKIN CONDITIONS

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(57) Abstract: Skin-growth-enhancing compounds and compositions including a therapeutically effective amount of at least one electron active compound, or a pharmaceutically acceptable derivative thereof, that has at least two polyvalent cations, at least one of which has a first valence state and at least one of which has a second, different valence state. Preferred compounds include Bi(III,V) oxide, Co(II,III) oxide, Cu(I,III) oxide, Fe(II,III) oxide, Mn(II,III) oxide, and Pr(III,IV) oxide, and Ag(I,III) oxide, or a combination thereof. These compounds may be in a crystalline state having metallic cations of two different valences, or electronic states, in the inorganic crystal. Also included are articles containing such compositions, such as wound dressings, and methods for facilitating or enhancing skin growth using said compounds, compositions, and articles, such as for the treatment or management of burns or skin grafts. Also, pharmaceutical compositions including tetrasilver tetroxide (Ag₄O₄), such as in crystalline form, and methods of using such compositions for the prevention, treatment, and management various of dermatological skin conditions and diseases. In one embodiment, these compositions are substantially free of added persulfates. These dermatological conditions and diseases that may be prevented, treated, or managed with the compositions of the invention vary and include, but are not limited to, eczema, psoriasis, dermatitis, disease-induced skin ulcers, undefined tropical diseases, shingles, rashes, bedsores, cold sores, blisters, boils, herpes simplex, acne, pimples, skin chafing, skin cracking, itchiness, skin peeling, and warts.

COMPOSITIONS AND METHODS FOR FACILITATING SKIN GROWTH AND MANAGING SKIN CONDITIONS

FIELD OF THE INVENTION

5 The invention relates to skin-growth-enhancing compositions including certain compounds having polyvalent cations in their crystal lattices, particularly certain inorganic metal oxides. Articles and methods of facilitating or enhancing skin growth to treat or manage certain conditions, such as burn therapy or skin grafts, using such skin growth compositions are included in the invention. The invention also relates to
10 pharmaceutical compositions specifically including tetrasilver tetroxide (Ag_4O_4) and methods of using such compositions for the prevention, treatment, and management of dermatological conditions or diseases.

BACKGROUND OF THE INVENTION

15 Animal and mammalian skin, in particular, human skin, is a multifunctional organ. Not only does the skin provide an external covering to protect the body, but it also performs several specialized functions, such as breathing, perspiring, sensory information processing, and oil production. Oil production, essential to the protective features of the skin, works when an oily substance known as sebum is released from the sebaceous glands,
20 which are large glands located at the base of a hair follicle. This permits the skin to moisturize and waterproof itself, thereby protecting itself from the environment.

 The skin is the most environmentally-stressed organ in mammals, particularly in humans. The skin is subjected to toxic chemicals and hostile environments, as well as being the only organ directly exposed to Ultraviolet ("UV") light in the presence
25 of oxygen. Lengthy exposure of the skin to UV light typically damages the skin, resulting, in sunburn, photoaging, carcinogenesis, and other related skin disorders.

 In particular, human skin is a composite material of the epidermis and the dermis. The topmost part of the epidermis is the stratum corneum. This layer is the stiffest layer of the skin, as well as the one most affected by the surrounding environment. Below
30 the stratum corneum is the internal portion of the epidermis. Below the epidermis, the topmost layer of the dermis is the papillary dermis, which is made of relatively loose connective tissues that define the micro-relief of the skin. The reticular dermis, disposed beneath the papillary dermis, is tight, connective tissue that is spatially organized. The

reticular dermis is also associated with coarse wrinkles. At the bottom of the dermis lies the subcutaneous layer.

The principal functions of the skin include protection, excretion, secretion, absorption, thermoregulation, pigmentogenesis, accumulation, sensory perception, and
5 regulation of immunological processes. These functions are detrimentally affected by the structural changes in the skin due to aging and excessive sun exposure. The physiological changes associated with skin aging include impairment of the barrier function and decreased turnover of epidermal cells, for example.

The mechanical properties of the skin, such as elasticity, are believed to be
10 controlled by the density and geometry of the network of collagen and elastic fiber tissue therein. Damaged collagen and elastin lose their contractile properties, resulting in skin wrinkling and skin surface roughness. As the skin ages or becomes unhealthy, it acquires sags, stretch marks, bumps, bruises or wrinkles, it roughens, and it has reduced ability to synthesize Vitamin D. Aged skin also becomes thinner and has a flattened dermoepidermal
15 interface because of the alterations in collagen, elastin, and glycosaminoglycans.

UV light exposure in the presence of oxygen results in the undesirable creation of free radicals, which is believed to lead to various skin disorders, diseases, or conditions. In the skin, these free radicals frequently trigger the release of inflammatory mediators, commonly manifested as sun burn; cytoskeletal alterations, breaking down the
20 collagen in the skin; and may also result in structural DNA changes, such as DNA strand breaks and dimer formation. The body attempts to neutralize the free radicals generated by UV light through the use of antioxidants. Antioxidants are commonly found in two forms- enzymatic and non-enzymatic.

Topical pharmaceutical applications are one such effort well known in the art
25 that shields the skin from the sun's harmful effects. Sunscreens, for example, are used to protect the skin. Sunscreens are often water- or oil-based lotions or ointments that incorporate photo-protectant materials such as titanium and zinc oxide. Although the most widely used form of protection against exposure to sunlight, these topical applications suffer from several drawbacks. First, large amounts of photo-protective materials are
30 incorporated into the topical applications, some of which have recently become suspect of having toxicity under these conditions or otherwise being harmful. Second, the effectiveness of such topical applications is dependent upon a constant and uniform coverage of the skin, which is often difficult to obtain. Many individuals fail to use these

topical sunscreens on a regular or continuing basis, as is required to minimize damage to the skin under prolonged UV exposure. Third, sunscreens do not provide good protection for all types of UV light. Skin damage from UV exposure leads to a variety of dermatological disorders.

- 5 A variety of vitamins and minerals have individually been administered to treat certain skin and other problems that occur when the patient has a deficiency of that vitamin or mineral. Vitamin A, for example, assists in the treatment of acne and to facilitate wound healing; vitamin C (ascorbic acid) assists in the prevention of skin bruising and wound healing; vitamin E is an antioxidant; and copper assists in the treatment of elastic
- 10 tissue defects. Topical use of vitamin C is also believed to ward off sun damage, reduce breakdown of connective tissues, and possibly promote collagen synthesis. Vitamin E is used topically as an anti-inflammatory agent, for enhancement of skin moisturization, for UV-ray protection of cells, and for retardation of premature skin aging. Catechin-based preparations, including proanthanols and proanthocyanidins are powerful antioxidants.
- 15 These compounds are found in flowers, plant leaves, and grape seeds, for example.

Various ingredients have been used alone or in certain combinations to form pharmaceuticals designed to prevent and treat certain cellular, skin, and other conditions, such as burns. Although a variety of compositions and methods for treating various skin conditions are presently available to those of ordinary skill in the art, the treatments are

20 often not completely effective and often involve adverse effects, such as overdrying of the skin. Furthermore, some existing treatments simply address the symptoms and fail to treat the underlying condition, as well as helping to reduce the incidence of remission or the appearance of recurring or new disorders.

Multivalent silver molecules have also been disclosed for various uses, as

25 they are reported to be non-toxic to animals and humans. M. Antelman, "Anti-Pathogenic Multivalent Silver Molecular Semiconductors," *Precious Metals*, vol. 16:141-149 (1992); M. Antelman, "Multivalent Silver Bactericides," *Precious Metals*, vol. 16:151-163 (1992). For example, tetrasilver tetroxide activated with an oxidizing agent is disclosed for use in bactericidal, fungicidal, and algicidal use, such as in municipal and industrial water

30 treatment applications and for the treatment of AIDS.

A variety of sources also report the use of certain divalent silver compounds for water treatment, as well as the use of such compounds, typically in combination with certain oxidizing agents, metals, or other compounds, as disinfectants, bactericides,

algicides, and fungicides. One source also reports a single *in vitro* study of the use of such compounds for the treatment of AIDS. These sources include M. Antelman, "Silver (II, III) Disinfectants," *Soap/Cosmetics/Chemical Specialties*, pp. 52-59 (Mar., 1994), and U.S. Patent Nos. 5,017,295; 5,073,382; 5,078,902; 5,089,275; 5,098,582; 5,211,855; 5,223,149; 5 5,336,416; and 5,772,896.

U.S. Patent No. 5,336,499 discloses tetrasilver tetroxide and persulfate compositions having certain *in vitro* anti-pathogenic properties, *i.e.*, bactericidal, fungicidal, viricidal, and algicidal, in certain concentrations as low as 0.3 ppm, particularly in nutrient broth cultures. The persulfate or another oxidizing agent is required to activate the tetroxide 10 crystals. Also disclosed are: an *in vitro* study regarding the inhibition of yeast growth in nutrient broth and the formulation of a gynecological cream and douche based on these results, and a report of an *in vitro* AIDS test with the compositions indicating total suppression of the virus at 18.0 ppm.

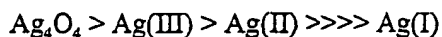
U.S. Patent No. 5,571,520 discloses the use of molecular crystals of 15 tetrasilver tetroxide, particularly with oxidizing agents to enhance the efficiency of such devices, for killing pathogenic microorganisms, such as staph infections. Amounts of 10 ppm sodium persulfate as an oxidizing agent were used with certain amounts of silver tetroxide in the reported *in vitro* testing. One human study involved *in vivo* curing of a gynecological yeast infection with 10 ppm of the silver tetroxide and 40 ppm sodium 20 persulfate. Other *in vivo* topical studies report in conclusory fashion the cure of a single case of athlete's foot with a solution of 100 ppm of the composition and the cure of a single case of toenail fungus with a 25% suspension of the composition.

U.S. Patent No. 5,676,977 discloses intravenously injected tetrasilver tetroxide crystals used for destroying the AIDS virus, AIDS synergistic pathogens, and 25 immunity suppressing moieties (ISM) in humans. The crystals were formulated for a single injection at about 40 ppm of human blood. This reference also discloses the compositions cause hepatomegaly, also known as enlarged liver, albeit with no reported loss of liver function.

The aforementioned references report detailed descriptions of the mechanism 30 via which the multivalent silver molecular crystal devices were believed to operate. A discussion of such results and concepts was presented at a Seminar entitled "Incurable Diseases Update" (Weizmann Institute of Science, Rehovot, Israel, February 11, 1998). The title of this presentation was "Beyond Antibiotics, Non Toxic Disinfectants and

Tetrasil™ (a composition including tetrasilver tetroxide)." In this paper, it was reported that the effects of the electron transfer involved with respect to the tetroxide, rendered it a more powerful germicide than other silver entities. Other patents cover multivalent silver antimicrobial compositions, e.g., U.S. Patent Nos. 5,017,295 for Ag(II) and 5,223,149 for Ag (III). These are stronger antimicrobial agents than Ag (I) compounds, but they pale by comparison to tetrasilver tetroxide.

Likewise, colloidal silver that derives its germicidal properties from trace silver (I) ions it generates in various environments is also less effective. Accordingly, the oligodynamic properties of these entities may be summarized as follows, which is referred to as the Horsfal series:



Another property of the tetrasilver tetroxide is that it does not stain organic matter such as skin in like manner as Ag(I) compounds do. In addition, it is light stable.

Thus, it is desired to find pharmaceutical compositions and methods for preventing, treating, or managing one or more dermatological diseases or disorders. It is also desired to facilitate the prevention of future outbreaks of one or more disorders, as well as preventing, treating, and managing one or more dermatological disorders while avoiding the adverse effects present in many conventional dermatological treatments.

Further, synthetic routes for making Bi(III,V) oxide are detailed and reviewed in *Gmelins Handbuch Der Anorganischen Chemie*, vol. 16:642 (1964). Also, Co(II,III) oxide, Fe(II,III) oxide, Mn(II,III) oxide, and Pr(III,IV) oxide can all be found in nature. These five multivalent metal oxides are also all available commercially.

Certain skin conditions, such as burns, skin cancer, and skin grafts, however, require the growth or regrowth of damaged or eradicated tissue. Burns to skin are caused by thermal, chemical, or electrical contact, which results in, for example, protein denaturation, burn wound edema, loss of intravascular fluid volume due to increase vascular permeability, and combinations thereof. Systemic effects, for example, hypovolemic shock, infection, respiratory tract injury, or a combination thereof, pose a greater threat to the life of the victim that do the above-noted local effects.

In spontaneous burn wound healing, dead tissue sloughs off as new epithelium begins to cover the injured area. In superficial burns, regeneration or growth of

skin tissue occurs rapidly from, for example, uninjured epidermal elements, hair follicles, and sweat glands. Minimal scarring typically results unless infection occurs during the healing process. With deep burns, *i.e.*, destruction of the epidermis and much of the dermis, reepithelialization typically begins from the edges of the wound or from the scattered
5 remains of integument. The process is typically slow, and excessive granulation tissue often forms before being covered by new epithelium. Such wounds generally contract and develop into disfiguring or disabling scars unless treated promptly by, for example, skin grafting. Unfortunately, some skin grafts are rejected by the host's body in the absence of immune suppression treatment, which adds additional expense to the treatment and often
10 creates additional adverse effects in the patient.

The severity of a burn is judged by the quantity of tissue involved. This quantity is represented by the percentage of body surface area (%BSA) burned and by the depth of the burn. A conventional classification of burns by severity is: small burn, or less than 15% BSA; moderate burn, or 15% to 49% BSA; large burn, or 50% to 69% BSA; and
15 massive burn, or greater than 70% BSA.

The depth of a burn may be described as a first, second, or third degree burn. First degree burns are red, very sensitive to the touch, and usually moist. Blisters typically do not form and the surface markedly and widely blanches under light pressure. Second degree burns may or may not have blisters, but the wound base is sensitive to touch and
20 may blanch to pressure. Third degree burns may, but generally do not, present blisters. The skin surface may be white and pliable when pressure is applied, or it may be black, charred, and leathery. Third degree burns may be pale in color and even mistaken for normal skin, but the subdermal vessels do not blanch to pressure. The wound may alternatively be bright red, due to fixed hemoglobin in the subdermal region. The third degree burns are generally
25 anesthetic or hypoesthetic, with hair being easily pulled from the follicles. Often, the distinction between deep second and third degree burns can be made only after 3 to 5 days of observation.

U.S. Patent No. 4,828,832 to De Cuellar et al. discloses metallic silver particles and an oxidizing agent, such as benzoyl peroxide, dispersed in a carrier for
30 application to a skin lesion, such as for the treatment of burns.

The above-noted compositions are not believed to have suitable efficacy in treating or managing conditions that require skin growth, such as the treatment or management of burns.

Thus, it is also desired to find skin-growth-enhancing pharmaceutical compositions and methods for facilitating or enhancing skin growth to treat or manage one or more dermatological conditions. It is also desired to facilitate or enhance the rate of skin growth while avoiding adverse effects present when administering certain conventional treatments or skin replacement.

SUMMARY OF THE INVENTION

One aspect of the invention relates to methods for facilitating or enhancing skin growth of a patient's skin, by administering at least one electron active compound, or a pharmaceutically acceptable derivative thereof, that has at least two polyvalent cations, at least one of which has a first valence state and at least one of which has a second different valence state, to treat or manage the condition, or a symptom thereof, in an amount and for a period of time which is therapeutically effective to facilitate or enhance skin growth.

Generally, the patient is a mammal and the therapeutically effective amount of the electron active metal oxide compound(s) administered is from about 1 ppm to 500,000 ppm. In another embodiment, the therapeutically effective amount is from about 50 ppm to 100,000 ppm. In yet another embodiment, the mammal is a human and the at least one electron active metal oxide compound is administered topically, parenterally, or transdermally.

The method can further include administering at least one additional different therapeutic agent present in an amount sufficient to facilitate or enhance the treatment or management of the condition. It is possible to administer the at least one additional therapeutic agent concurrently with the at least one electron active metal oxide compound, although in other embodiments administration may be sequential in either order.

Preferably, the at least one electron active compound includes a metal oxide. In one embodiment, the electron active compound includes at least one of Bi(III,V) oxide, Co(II,III) oxide, Cu(I,III) oxide, Fe(II,III) oxide, Mn(II,III) oxide, or Pr(III,IV) oxide, or a pharmaceutically acceptable derivative thereof.

It is also possible to combine the at least one electron active compound with a carrier medium before administration to the patient. In one preferred embodiment, the carrier medium includes petroleum jelly. In some embodiments, no carrier is required, and the composition is administered in the form of a powder, or a plurality of powder crystals or granules. In one topical embodiment, the carrier medium includes a thixotropic agent

sufficient to increase adherence of the composition to the skin without excessive runoff. The at least one electron active compound may be applied to the skin at a dosage level of about 10 mg to 500 mg per cm² of skin surface. Preferably, the therapeutically effective amount administered is insufficient to cause adverse effects.

5 Preferably, the facilitating or enhancing of skin growth comprises the treatment or management of a burn or skin graft. In one embodiment, a pathogen is killed concurrently with the treatment or management of a burn or skin graft. Alternatively, the growth of a pathogen is halted, diminished, or inhibited concurrently with the treatment or management of a burn or skin graft.

10 The present invention also relates to skin-growth-enhancing compositions that include at least one electron active compound, or a pharmaceutically acceptable derivative thereof, that has at least two polyvalent cations, at least one of which has a first valence state and at least one of which has a second, different valence state, in an amount and for a period of time which is therapeutically effective to facilitate or enhance skin
15 growth. Advantageously, the pharmaceutical composition may have antipathogenic efficacy. Preferably, the at least one electron active compound includes a metal oxide. In one embodiment, the metal oxide includes at least one of bismuth, cobalt, copper, iron, manganese, praseodymium, or a combination thereof. Preferably, in that embodiment, the metal oxide includes at least one of Bi(III,V) oxide, Co(II,III) oxide, Cu(I,III) oxide,
20 Fe(II,III) oxide, Mn(II,III) oxide, Pr(III,IV) oxide, Ag(I,III) oxide, or a combination thereof. Alternately, the pharmaceutical composition does not include tetrasilver tetroxide. In another alternate embodiment, the pharmaceutical composition does not include tricobalt tetroxide. In one embodiment, the pharmaceutical composition may include at least two different electron active compounds. In another embodiment, the compound may be in
25 powder, powder crystal, or granular form.

In a preferred embodiment, the first valence and the second valence of the at least two polyvalent cations differ by at least 1, preferably by 1 or 2. In another preferred embodiment, the first valence and the second valence of the at least two polyvalent cations differ by more than 2. Advantageously, the electron active compound has at least one
30 polyvalent cation which has an EMF^{OX} of at least about + 0.1 Volts. Optionally, the composition can also include an oxidizing agent, preferably present in an amount sufficient to enhance the efficacy of the active compound but insufficient to cause skin irritation. Preferably, the oxidizing agent includes a peroxy acid salt of a persulfate.

The invention also relates to articles including the skin-growth-enhancing compounds or compositions according to the invention. One preferred embodiment includes a wound dressing including the at least one compound or composition of the invention. In a more preferred embodiment, the wound dressing includes an adhesive-
5 containing bandage, a cotton roll bandage, or a gellable polymer. The gellable polymer may be any polymer, or combination thereof, available to those of ordinary skill in the art, that has sufficiently low viscosity to flow onto a skin area requiring treatment or management and that subsequently thickens sufficiently upon application to a wound so as to remain substantially affixed to the wound for a time sufficient to provide treatment or management
10 to the skin condition. The thickening may occur, for example, by exposure to air, moisture in the air or wound, by combination of two polymers directly on the afflicted skin area, or due to heat from the afflicted skin area.

Preferably, the invention relates to pharmaceutical compositions including a therapeutically effective amount of tetrasilver tetroxide, or a pharmaceutically acceptable
15 derivative thereof, substantially free of added persulfate. In one embodiment, the amount is from about 50 ppm to 500,000 ppm, while in another the amount is from about 400 ppm to 100,000 ppm. The compositions may include a carrier such that the composition is adapted for topical, parenteral, or transdermal administration. The product forms described above are also applicable to this embodiment.

20 The invention also relates to methods for preventing, treating, or managing one or more dermatological skin diseases in a patient's skin, which includes administering tetrasilver tetroxide, or a pharmaceutically acceptable derivative thereof, which is substantially free of added persulfate, to the skin in an amount and for a period of time which is therapeutically effective to treat such condition(s).

25 In one embodiment, the method further includes a carrier medium in which the tetrasilver tetroxide, or a derivative thereof, is dispersed, wherein the therapeutically effective amount is from about 50 ppm to 500,000 ppm, based on the weight of the carrier medium. In one embodiment, the therapeutically effective amount can be from about 400 ppm to 100,000 ppm.

30 In one embodiment, the skin disease being prevented, treated, or managed is caused by one or more autoimmune disorders rather than by a pathogen. In one embodiment, the skin disease is caused by a non-pathogenic condition comprising one or more of an autoimmune condition, a circulatory condition, or a neurological condition. In

another embodiment, the skin disease prevented, treated, or managed includes at least one of eczema, psoriasis, dermatitis, ulcers, shingles, rashes, bedsores, cold sores, blisters, boils, herpes, acne, pimples, skin chafing, skin cracking, skin itch, skin peeling, heat rashes, leprosy, dermal tuberculosis, and warts.

5 In one preferred embodiment, the tetrasilber tetroxide, or a pharmaceutically acceptable derivative thereof, is completely free of added persulfate. In another embodiment, the administering includes application of the tetrasilber tetroxide, or a pharmaceutically acceptable derivative thereof, to the skin at a dosage level of about 10 mg to 500 mg per cm² of skin surface. In yet another embodiment, the therapeutically effective
10 amount is insufficient to cause adverse effects.

 The invention also relates to a method for preventing, treating, or managing one or more non-pathogenic, dermatological skin conditions, which includes administering tetrasilber tetroxide, or a pharmaceutically acceptable derivative thereof, to the skin in an amount and for a period of time which is therapeutically effective to treat such condition(s).
15 In one embodiment, the non-pathogenic, dermatological skin condition includes an autoimmune disorder, a neurological condition, a circulatory condition, or a combination thereof.

DEFINITIONS

20 Some of the terms used in connection with the invention can be defined as follows:

 The term "condition," as used herein, should be understood to refer to a traditionally identified disease, as well as a disorder, an affliction, or an ailment, particularly including those noted herein. In particular, as used herein the term "condition" includes
25 burns, wounds, or sores, or a symptom thereof, such as where treatment or management thereof requires skin growth. In one embodiment, condition refers to burns or wounds other than mere sores. "Wounds" should be understood to include cuts, lacerations, abrasions, punctures, or other like damage to the skin.

 The terms "prevent," "preventing," and "prevention," as used herein, refer to
30 stopping or hindering a condition, symptom, or pathogen causing a condition, in a patient who is at risk of suffering from such a condition. This also includes reducing the frequency or severity, or both, of the occurrence of such conditions or one or more symptoms thereof.

The terms "manage," "managing," and "management," as used herein, includes controlling those conditions which cannot be cured completely, reducing the time of affliction of such conditions, and the like. Preferably, the compositions prevent, treat, or manage such conditions without superficially discoloring the skin, *i.e.*, no discoloration to the naked eye. In one embodiment, the invention relates to the treatment or management, while in another embodiment the invention relates to the prevention, of the diseases or conditions disclosed and claimed herein. The terms also include the use of the compounds or compositions of the invention to facilitate the halting, diminishing, or inhibiting of the growth or proliferation of pathogens that may accentuate, amplify, exacerbate, or cause, either directly or indirectly, a condition and/or a symptom thereof.

The term "patient" as used herein refers to animals, particularly to mammals. In one preferred embodiment, the term patient refers to humans.

The terms "adverse effects," "adverse side effects," and "side effects," as used herein, include, but are not limited to, cardiac arrhythmia, cardiac conduction disturbances, appetite stimulation, weight gain, sedation, gastrointestinal distress, headache, dry mouth, constipation, diarrhea, drug-drug interactions, superficial discoloration of the skin, dry skin, hepatomegaly, fever, fatigue, and the like. The term "cardiac arrhythmia" includes, but is not limited to, ventricular tachyarrhythmia, torsades de pointes, Q_T prolongation, and ventricular fibrillation.

The phrase "therapeutically effective amount" when used herein in connection with the compositions and methods of the invention, means that amount of electron active metal oxide compound(s) or composition(s), or a derivative thereof, which, alone or in combination with other drugs, provides a therapeutic benefit in the treatment or management of a condition. In one embodiment, the effective amount is one or more metal oxide compounds or compositions as the sole active ingredient. Different therapeutically effective amounts may be applicable for each condition, as will be readily known or determined by those of ordinary skill in the art.

The term "substantially free" means less than about 10 weight percent, preferably less than about 5 weight percent, more preferably less than about 1 weight percent, and most preferably less than about 0.1 weight percent. For example, a composition may be substantially free of added oxidizing agent or of added persulfate according to the invention.

The term "about," as used herein, should generally be understood to refer to both numbers in a range of numerals. Moreover, all numerical ranges herein should be understood to include each whole integer within the range.

The term "substantial," as used herein, means at least about 75%, preferably
5 at least about 90%, more preferably at least about 95%, most preferably at least about 99%.

The term "substantially free" means less than about 10 weight percent, preferably less than about 5 weight percent, more preferably less than about 1 weight percent, and most preferably less than about 0.1 weight percent of added persulfate is present according to the invention. In another embodiment, the term "substantially free"
10 refers to the same amounts of added oxidizing agent present in the compositions.

The term "valence state," as used herein, should be understood to refer to the charge on a given ion or to the charge that may be assigned to a given ion based on its electronic state.

The terms "inhibit," "inhibiting," or "inhibits," as used herein when referring
15 to growth of an item, should be understood to refer to the act of stopping that growth, whether permanently or temporarily, or of reducing the rate of that growth, either permanently or temporarily.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

20 It has now been discovered that pharmaceutical compositions including tetrasilver tetroxide (Ag_4O_4) compounds as an active ingredient are advantageous in the prevention, treatment, and management of various indications. Preferably, the tetrasilver tetroxide compositions are substantially free of oxidizing agent, such as persulfate, since such compounds are believed to cause adverse effects, such as skin irritation and skin
25 overdrying. More particularly, the invention relates to a method for treating dermatological conditions by applying a composition comprising tetrasilver tetroxide directly to the affected skin areas. In one embodiment, the compositions include a molecular scale device comprising at least one crystal of tetrasilver tetroxide. A plurality of these tetrasilver tetroxide molecules, such as on the order of trillions, may be employed in various
30 pharmaceutical formulations and therapies to effectuate the prevention, treatment, and/or management of various dermatological conditions and diseases.

The dermatological conditions and diseases that may be prevented, treated, or managed with the compositions of the invention vary and include, but are not limited to,

eczema, psoriasis, dermatitis, disease-induced or other skin ulcers, undefined tropical diseases, shingles, rashes, bedsores, cold sores, blisters, boils, herpes simplex, acne, pimples, skin chafing, skin cracking, itchiness, skin peeling, heat rashes, leprosy, dermal tuberculosis, and warts. In a preferred embodiment, the condition is one or more of

5 psoriasis, skin ulcers, heat rashes, leprosy, dermal tuberculosis, or atopic dermatitis. Each condition should be understood as its own embodiment, although the present invention can certainly prevent, treat, or manage combinations of these conditions simultaneously.

In various embodiments, the dermatological conditions to be prevented, treated, or managed are non-bacterial, non-fungal, non-algal, or non-viral, or a combination

10 thereof. The presently claimed invention is capable of treating dermatological conditions and diseases the cause of which is unknown at the present time. Nonetheless, the compositions and methods according to the invention may be employed to prevent, treat, or manage one or more of the above-noted diseases, and various conditions have indeed been treated clinically with notable effect. In one embodiment, the conditions are non-bacterial,

15 non-fungal, non-algal, and non-viral, *i.e.*, they have causes unknown to those of ordinary skill in the art at the present time and are not classified within these groups, such as by unknown pathogens of a different type, by autoimmune disorders, or by other means not within the four above-enumerated categories.

The compositions and methods of the invention advantageously prevent,

20 treat, or manage dermatological diseases or conditions. "Management" includes controlling those dermatological conditions or diseases which cannot be cured completely, reducing the time of affliction of dermatological conditions or diseases, and the like. Preferably, the compositions prevent, treat, or manage dermatological conditions or diseases without visibly staining the skin, *i.e.*, no staining to the naked eye. In one embodiment, the

25 invention relates to the treatment or management, while in another embodiment the invention relates to the prevention, of dermatological diseases or conditions.

The tetrasilver tetroxide compounds mentioned herein are one type of electron active compound having multivalent cations in its crystal lattice. Various additional electron active compounds have now also been identified, as well as methods for

30 making and using the same for treating various pathogenic and non-pathogenic conditions or disorders. It has now been discovered that such electron active compounds, and compositions, beneficially enhance or facilitate the growth of skin. Thus, the compounds, compositions, and methods and articles using same, are advantageously used to treat or

manage various conditions that require rapid soft tissue growth, such as burn therapy and skin grafts. The compounds and compositions of the invention can increase the rate at which soft tissue grows, or heals, compared to the ordinary rate in the absence of the invention. It is also believed that the compounds and compositions of the invention heal
 5 burns and other such conditions more rapidly and more comprehensively than conventional burn treatments, such as silver nitrate, silver sulfadiazine, and monovalent silver oxide (Ag_2O).

The electron active compounds of the present invention are believed to have unique crystal structures in that, in the case of the metal oxides, there are generally atoms of
 10 the same element in the crystal that have at least two different valences, typically at least one lower-valent metal cation and at least one higher-valent metal cation, for example, such as Co(II) and Co(III) , respectively. Exemplary electron active metal oxide compounds according to the invention include, but are not limited to, Ag(I,III) , Co(II,III) , Pr(III,IV) , Bi(III,V) , Fe(II,III) , Mn(II,III) , and Cu(I,III) oxides. As discussed below, pharmaceutical
 15 compositions including one or more of such oxide compounds are useful for treating various conditions. The composition of such exemplary electron active metal oxides is shown in tabular form below:

| | e | Formula | Metal cations | Lower-valent ion | # | Higher-valent ion | # |
|----|---|---------------------------------|---------------|------------------|---|-------------------|---|
| 20 | 2 | Ag ₄ O ₄ | Ag(I,III) | Ag ⁺ | 2 | Ag ⁺³ | 2 |
| | 1 | Co ₃ O ₄ | Co(II,III) | Co ⁺² | 1 | Co ⁺³ | 2 |
| | 2 | Pr ₆ O ₁₁ | Pr(III,IV) | Pr ⁺³ | 2 | Pr ⁺⁴ | 4 |
| | 2 | Bi ₂ O ₄ | Bi(III,V) | Bi ⁺³ | 1 | Bi ⁺⁵ | 1 |
| | 1 | Fe ₃ O ₄ | Fe(II,III) | Fe ⁺² | 1 | Fe ⁺³ | 2 |
| 25 | 1 | Mn ₃ O ₄ | Mn(II,III) | Mn ⁺² | 1 | Mn ⁺³ | 2 |
| | 2 | Cu ₄ O ₄ | Cu(I,III) | Cu ⁺ | 2 | Cu ⁺³ | 2 |

e – total number of electrons believed to be exchanged; # – number of particular ion type per formula unit

Without being bound to theory, it is believed that the electron active
 30 compounds operate against pathogens by transferring electrons between their lower-valent ions and their higher-valent ions in the crystal, thereby contributing to the death of pathogens by traversing their cell membrane surface. It would seem that this, in effect,

“electrocutes” the pathogens. While these compounds have also been discovered to be suitable for use in the prevention, treatment, and management of other non-pathogenic conditions and disorders, such as autoimmune disorders, circulatory disorders, neurological disorders, and the like, the mechanism by which such conditions or disorders are prevented, treated, or managed has not yet been fully understood. In any event, the electrons in pathogens are believed to be perturbed from their balanced crystals by such labile groups as NH, NH₂, S-S, and SH, which can be present, for example, in a pathogen cell membrane. It is believed, however, that normal cells will not be significantly affected because they do not proliferate rapidly enough to expose these labile bonds sufficiently for the bonds to be substantially affected.

The crystals in the electron active compounds are not believed to be disturbed unless more stable complexes are formed with ligands, for example, such as those comprising a pathogen cell membrane surface in a dynamic state. Indeed, the end result of electron transfer, which is a redox reaction, results in the lower-valent metal ions being oxidized to one valence state higher and the higher-valent metal ions being reduced to one valence state lower. In one embodiment, the oxidation of the lower-valent metal ions and the reduction of the higher-valent metal ions both result in ions having the same oxidation state. Examples of such an embodiment occur when the valence difference between the metal ions in the electron active molecular crystal is 2 and such examples include, but are not limited to, Ag(I,III), Bi(III,V), and Cu(I,III) oxides. In another embodiment, the oxidation of the lower-valent metal ions and the reduction of the higher-valent metal ions result in ions having opposite oxidation states (e.g., ions with a +2 valence state are oxidized to +3, while the ions with a +3 valence state are reduced to +2). Examples of such an embodiment occur when the valence difference between the metal ions in the electron active molecular crystal is 1 and such examples include, but are not limited to, Co(II,III), Fe(II,III), Mn(II,III), and Pr(III,IV) oxides.

The metal ion of certain electron active compounds may exhibit a distinct affinity for certain elements of ligands, for example, such as sulfur, oxygen, or nitrogen, particularly when present in a pathogen's cell membrane. In many cases, the metal ion will not merely bind to these elements, but will actually form chelate complexes with their ligands. The classic example of this is Ag(I,III) oxide, the monovalent silver ion of which has an affinity for sulfur and nitrogen and the oxidized/reduced divalent ion of which forms chelate complexes with, for example, mercapto or amino groups. Thus, the electron active

compound attraction for the cell membrane surfaces, for example, of pathogens, is believed to be driven by powerful electrostatic forces.

Without being bound by theory, the electron exchange may be depicted, for example, by the following series of redox half reactions:

5

| metal(I,II) oxides | metal(II,III) oxides | metal(III,IV) oxides | metal(III,V) oxides |
|---|--|--|--|
| $\text{Ag}^+ - e = \text{Ag}^{+2}$ $\text{Ag}^{+3} + e = \text{Ag}^{+2}$ | $\text{Co}^{+2} - e = \text{Co}^{+3}$ $\text{Co}^{+3} + e = \text{Co}^{+2}$ | $\text{Pr}^{+3} - e = \text{Pr}^{+4}$ $\text{Pr}^{+4} + e = \text{Pr}^{+3}$ | $\text{Bi}^{+3} - e = \text{Bi}^{+4}$ $\text{Bi}^{+5} + e = \text{Bi}^{+4}$ |
| $\text{Cu}^+ - e = \text{Cu}^{+2}$ $\text{Cu}^{+3} + e = \text{Cu}^{+2}$ | $\text{Fe}^{+2} - e = \text{Fe}^{+3}$ $\text{Fe}^{+3} + e = \text{Fe}^{+2}$ | | |
| | $\text{Mn}^{+2} - e = \text{Mn}^{+3}$ $\text{Mn}^{+3} + e = \text{Mn}^{+2}$ | | |

10

For each redox reaction, there is believed to be an electromotive force, which is the voltage potential when oxidizing the higher-valent ion in the metal oxide crystal.

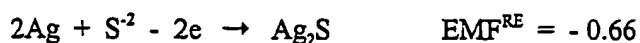
- 15 This is denoted herein as EMF^{OX} . In addition to the electromotive force of oxidation, there is believed to be an associated reduction reaction involving the lower-valent ion in the metal oxide crystal. This reduction reaction may be represented simply, as tabulated above, or may represent the interaction with, for example, a ligand present on a pathogen cell membrane surface, such as one containing sulfur or nitrogen. Associated with the reduction
- 20 reaction is another electromotive force, or voltage potential when reducing the lower-valent ion. This is denoted herein as EMF^{RE} .

When the metal ions of the electron active metal oxide interact with, for example, a sulfur-containing ligand, the affinity of the metal ion for sulfur affects EMF^{RE} .

- The stability of a particular metal sulfide is an approximation of the affinity of a metal ion
- 25 for sulfur. The following approximate association constants for sulfides indicate the trend in relative affinity of each metal ion for sulfur:

| | | |
|---|--------|----|
| | Ag(I) | 49 |
| | Cu(I) | 47 |
| | Co(II) | 26 |
| | Fe(II) | 19 |
| 5 | Mn(II) | 15 |

In general, the more stable the compound, the more negative its reduction potential in the reduction reaction, for example, in the case of elemental silver:



- 10 In the case of tetrasilver tetroxide, there is a reduction reaction where Ag(I) is oxidized and an oxidation reaction where Ag(III) is reduced, as follows:



- The voltage that is discharged from a redox reaction of the electron active
 15 metal oxides of the present invention, which voltage is denoted herein as the "electrocution voltage," is the combination of the oxidation and reduction potentials (*i.e.*, $\text{EMF}^{\text{OX}} - \text{EMF}^{\text{RE}}$). In the case of tetrasilver tetroxide, the "electrocution voltage" is 2.92 volts. The oxidation potentials, EMF^{OX} , of exemplary metal oxides according to the present invention are tabulated below:

20

| | <u>Formula</u> | <u>Metal cations</u> | <u>EMF^{OX}</u> |
|----|---------------------------------|----------------------|-------------------------|
| | Ag ₄ O ₄ | Ag(I,III) | 2.02 |
| | Co ₃ O ₄ | Co(II,III) | 1.81 |
| | Pr ₆ O ₁₁ | Pr(III,IV) | 2.86 |
| 25 | Bi ₂ O ₄ | Bi(III,V) | 1.59 |
| | Fe ₃ O ₄ | Fe(II,III) | 0.77 |
| | Mn ₃ O ₄ | Mn(II,III) | 1.54 |
| | Cu ₄ O ₄ | Cu(I,III) | 1.80 |

- 30 As noted from the above table, praseodymium-, cobalt-, and copper- based oxides are believed to be stronger antipathogenic agents or to form better pharmaceutical

compositions than manganese-, bismuth-, and iron- based oxides, and in one embodiment they are preferred for this reason. Nevertheless, in certain cases, iron exhibits stronger antipathogenic characteristics, particularly antimicrobial characteristics, compared to manganese.

- 5 Another factor, however, particularly in antipathogenic or antimicrobial efficacy, can be the sulfur/nitrogen composition, for example, of cell membranes. For example, *Staphylococcus aureus* bacteria, in a culture having a cell density of 30,000 CFU/mL, exhibit significant mortality from exposure to 100 ppm of Bi(III,V) oxide for about 10 minutes, but no significant mortality from exposure to the same concentrations of
- 10 Fe(II,III) and Mn(II,III) oxides for the same contact time. This result might be explained by the far greater stability of bismuth(III) sulfide, and thus the far greater affinity of bismuth(III) for sulfur, than either of the iron(II) or manganese(II) analogs.

The electron active metal oxide compounds and compositions of the present invention may be used in any form which sufficiently retains their antipathogenic character,

15 or other non-pathogenic ability, to prevent, treat, or manage one or more of the conditions noted herein.

These compounds or compositions may be used as antipathogenic agents, such as antimicrobial, antibacterial, antiviral, or anti-algal agents, or a combination thereof. In another embodiment, the compounds or compositions may be used for preventing,

20 treating, and/or managing various conditions that are non-pathogenic. For example, non-pathogenic conditions are believed to include certain autoimmune disorders, neurological disorders, and circulatory disorders. While the exact mechanism of the activity of such compounds or compositions is not described herein, nonetheless, suitable prevention, treatment, and/or management of such non-pathogenic conditions may be obtained by

25 administering the compounds or compositions of the invention as described herein and as will be readily apparent to one of ordinary skill in the art.

The compositions and methods of the invention advantageously prevent, treat, or manage dermatological diseases or conditions. The conditions against which the electron active compounds, such as metal oxides, of the present invention have utility

30 include, but are not limited to, Madura foot, actinomycosis, oral actinomycosis, anthrax, food poisoning, botulism, wound infections, pseudomembranous colitis, colitis, gas gangrene, gangrene, tetanus, diphtheria, pharyngeal diphtheria, pleomorphic laryngeal diphtheria, cutaneous diphtheria, endocarditis, bacteremia, urinary tract infections,

- listerosis, meningitis, miscarriage, narcodiosis, acne, skin lesions, abscesses, toxic shock syndrome, prosthesis contamination, dental caries, plaque, gum disease, gingivitis, subacute endocarditis, bacterial pneumonia, otitis, sinusitis, cat scratch fever, septicemia, abdominal and pelvic abscesses, Oroya fever, systemic Oroya fever, verruga peruana, cutaneous
- 5 verruga peruana, whooping cough, Lyme disease, epidemic relapsing fever, brucellosis, granuloma inguinale granulomac, donovanosis, gastroenteritis, nosocomial infections, tularemia, bacterial vaginitis, urethritis, bacterial conjunctivitis, chancroid, otitis media, chronic gastritis, peptic ulcer, diarrhea, Legionnaires' disease, leptospirosis, gonorrhea, arthritis, periodontal disease, salmonellosis, typhoid fever, shigellosis, rat bite fever,
- 10 pharyngitis, scarlet fever, syphilis, cholera, Asiatic cholera, Yersinia arthritis, bubonic plague, chronic pulmonary disease, Hansen's disease, leprosy, tuberculosis, dermal tuberculosis, psittachosis, ornithosis, conjunctivitis, trachoma, lymphogranuloma venereum, genital tract infections, Q fever, primary atypical pneumonia, rickettsial pox, typhus, epidemic typhus, Rocky Mountain spotted fever, tsutsugamushi fever, nongonococcal
- 15 urethritis, human erlichiosis, meningococcal meningitis, skin infections, corneal infections, external ear infections, candidiasis, monoiliasis, thrush, candidosis, mucositis, bacteremia, hepatitis, hepatitis A, hepatitis B, hepatitis C, hepatitis E, coccidiomycosis, lymphadenitis, balantidiasis cryptosporidiosis, amoebiasis, amoebic dysentery, giardiasis, giardia enteritis, leishmaniasis, Kala-azar, malaria, toxoplasmosis, trypanosomiasis, Chagas disease, African
- 20 sleeping sickness, dengue, Japanese encephalitis, Rift Valley fever, Ebola hemorrhagic fever, Venezuelan hemorrhagic fever, hantavirus pulmonary syndrome, hemorrhagic fever with renal syndrome, cytomegalovirus infection, poliomyelitis, West Nile virus disease, influenza, measles, condyloma, encephalitis, ankylosing spondylitis, arteritis, inflammatory bowel disease, polyarteritis nodosa, rheumatic fever, systemic Lupus erythematosus,
- 25 Alzheimer's disease, multiple sclerosis, osteoporosis, Crohn's disease, strep throat, yellow fever, eczema, psoriasis, dermatitis, disease-induced skin ulcers, undefined tropical diseases, shingles, rashes, heat rashes, bedsores, cold sores, blisters, boils, herpes simplex, acne, pimples, skin chafing, skin cracking, itchiness, skin peeling, warts, one or more symptoms thereof, or any combination thereof. In another embodiment, the condition
- 30 includes HIV (AIDS), or one or more symptoms. It should be understood that the invention includes the use of the compounds or compositions to prevent, treat, or manage each of these conditions individually or multiple conditions concurrently or sequentially. Thus, the

prevention, treatment, or management of each condition should be understood as a separate embodiment.

The pathogens which may be killed by, or the growth or proliferation of which may be halted, diminished, or inhibited by, the electron active metal oxides of the present invention include, but are not limited to, gram-positive bacilli and cocci; gram-negative bacilli and cocci; acid-fast bacteria; other bacteria; fungi; parasitic microbes, e.g., protozoa; and viruses.

Examples of gram-positive bacilli and cocci include, but are not limited to, *Actinomeduræ*, *Actinomyces israelii*, *Bacillus anthracis*, *Bacillus cereus*, *Clostridium botulinum*, *Clostridium difficile*, *Clostridium perfringens*, *Clostridium tetani*, *Corynebacterium*, *Enterococcus faecalis*, *Listeria monocytogenes*, *Nocardia*, *Propionibacterium acnes*, *Staphylococcus aureus*, *Staphylococcus epiderm*, *Streptococcus mutans*, *Streptococcus pneumoniae*, and combinations thereof.

Examples of gram-negative bacilli and cocci include, but are not limited to, *Afipia felis*, *Bacteriodes*, *Bartonella bacilliformis*, *Bortadella pertussis*, *Borrelia burgdorferi*, *Borrelia recurrentis*, *Brucella*, *Calymmatobacterium granulomatis*, *Campylobacter*, *Escherichia coli*, *Francisella tularensis*, *Gardnerella vaginalis*, *Haemophilus aegyptius*, *Haemophilus ducreyi*, *Haemophilus influenzae*, *Heliobacter pylori*, *Legionella pneumophila*, *Leptospira interrogans*, *Neisseria meningitidis*, *Porphyromonas gingivalis*, *Providencia sturti*, *Pseudomonas aeruginosa*, *Salmonella enteridis*, *Salmonella typhi*, *Serratia marcescens*, *Shigella boydii*, *Streptobacillus moniliformis*, *Streptococcus pyogenes*, *Treponema pallidum*, *Vibrio cholerae*, *Yersinia enterocolitica*, *Yersinia pestis*, and combinations thereof.

Examples of acid-fast bacteria include, but are not limited to, *Myobacterium avium*, *Myobacterium leprae*, *Myobacterium tuberculosis*, and combinations thereof.

Examples of other bacteria not falling into the other three categories include, but are not limited to, *Bartonella henseiae*, *Chlamydia psittaci*, *Chlamydia trachomatis*, *Coxiella burnetii*, *Mycoplasma pneumoniae*, *Rickettsia akari*, *Rickettsia prowazekii*, *Rickettsia rickettsii*, *Rickettsia tsutsugamushi*, *Rickettsia typhi*, *Ureaplasma urealyticum*, *Diplococcus pneumoniae*, *Ehrlichia chafensis*, *Enterococcus faecium*, *Meningococci*, and combinations thereof.

Examples of fungi include, but are not limited to, *Aspergilli*, *Candidae*, *Candida albicans*, *Coccidioides immitis*, *Cryptococci*, and combinations thereof.

Examples of parasitic microbes include, but are not limited to, *Balantidium coli*, *Cryptosporidium parvum*, *Cyclospora cayatanensis*, *Encephalitozoa*, *Entamoeba histolytica*, *Enterocytozoon bieneusi*, *Giardia lamblia*, *Leishmaniae*, *Plasmodii*, *Toxoplasma gondii*, *Trypanosomae*, trapezoidal amoeba, and combinations thereof.

- 5 Examples of viruses include, but are not limited to, Arboviruses, Ebola virus, Guanarito virus, Hanta virus, Hantaan virus, Hepatitis A, Hepatitis B, Hepatitis C, Hepatitis E, other Hepatitis viruses, Herpes-type viruses, Poliovirus, West Nile virus, Echo virus, and combinations thereof.

- 10 The antipathogenic or non-pathogenic compositions of the present invention may optionally further include the use of one or more additional therapeutic agents known to treat a condition, or a symptom thereof. Examples of such additional therapeutic agents include, but are not limited to, chelating agents, vitamins, minerals, silica hydride microclusters, analgesics, SambucoI™, aspirin, and the like.

- 15 The administration of one or more active ingredients and/or optional therapeutic agent(s), in accordance with the methods of the invention may occur together, concurrently but separately, sequentially, or a combination thereof. The optional additional therapeutic agent is generally a compound other than an electron active metal oxide compound.

- 20 The antipathogenic or antimicrobial performance of certain metal oxides may be improved or enhanced by the presence of an oxidizing agent. This is particularly the case when the metal oxide compounds or compositions are present in low amounts, *i.e.*, typically less than 45 ppm, and more commonly when present in an amount less than about 40 ppm, based on the weight of the composition. In such situations, an oxidizing agent may be included in certain compositions of the invention in small amounts when the
- 25 compositions are administered by certain routes. In such an embodiment, the oxidizing agent includes a peroxy acid salt, preferably a Group I salt of a persulfate, more preferably potassium persulfate. In another embodiment, the oxidizing agent includes the same peroxy acid salt which was present as a starting material in the reaction to form the particular electron active metal oxide. The oxidizing agent may advantageously be present in the
- 30 composition in amounts from about 1 ppm to 500 ppm, based on the weight of the composition. In alternate embodiments, there may be from about 5 ppm to 200 ppm or from about 10 ppm to 100 ppm of oxidizing agent, based on the weight of the composition.

It is believed that the additional presence of certain types or amounts of oxidizing agent(s) may tend to irritate the skin, particularly when the compound or composition including metal oxide(s) is present in large amounts, such as greater than 50 ppm, based on the weight of the composition. In one embodiment, as more compound or composition is administered, a correspondingly smaller amount of undesirable oxidizing agent is required. Thus, in some embodiments, it has been found that the additional oxidizing agent is unnecessary and in fact undesirable for the purpose of treating certain conditions described herein, since the additional oxide may have or contribute to an undesirable side effect, for example, such as skin irritation when applied topically. For those embodiments, the compositions minimize the amount of additional oxidizing agent, such as persulfate, or are substantially or completely free of added persulfates or other oxidizing agents.

Certain of the electron active metal oxides may be black in color, such that care must be taken when formulating suitable topical pharmaceutical compositions according to the invention to inhibit blackening or superficial discoloration of the skin. Without being bound by theory, it is believed that larger amounts of such compositions promote increased superficial discoloration. Thus, in one embodiment, the pharmaceutical compositions preferably have an insufficient amount of metal oxide composition to cause visible skin discoloration.

Additionally, it was found by rigorous testing that certain silver tetroxide-containing compositions were comparatively non-toxic compared to silver salts, such as conventional formulations of silver nitrate, silver sulfadiazine, and benzoyl peroxide. Since these silver tetroxide compositions were effective at certain ppm concentrations in killing pathogens in nutrient broth and for water treatment, commercial concentrates were formulated with 2% of the tetrasilver tetroxide. For acceptance of the oxide in commerce, for which EPA registration No. 3432-64 was obtained, it was necessary for the Ag_4O_4 to undergo a series of toxicity tests. A 3% concentrate was used and evaluated by a certified laboratory employing good laboratory practice (GLP) according to the Code of Federal Regulations for this purpose. The results were as follows:

30

| | | |
|---|-------------------------|---|
| | Acute Oral Toxicity | LD ₅₀ Greater than 5,000 mg/Kg |
| | Acute Dermal Toxicity | LD ₅₀ Greater than 2,000 mg/Kg |
| | Primary Eye Irritation | Mildly irritating |
| | Primary Skin Irritation | No irritation |
| 5 | Skin Sensitization | Non-Sensitizing |

Subsequent evaluations conducted according to the invention showed that unless persons were prone to silver allergies, the pure tetrasilver tetroxide compositions according to the invention could be applied to the skin without any ill effects or evidence of
 10 irritation, despite the fact that the compositions of the invention can be a powerful oxidizing agent.

It was previously postulated, such as in earlier patents and/or literature relating to the various uses of certain silver tetroxide formulations, that it was required to use silver tetroxide in combination with an excess of a strong oxidizing agent, such as a
 15 persulfate, in order to effectively kill pathogens. It has now been found, however, that the additional presence of oxidizing agent(s) tends to be irritating to the skin. It has been found in accordance with the present invention that the additional oxide is not required and in some circumstances is undesirable for the purpose of treating the skin diseases described herein, in part due to the undesirable side effect of skin irritation when applied topically.
 20 Therefore, in one embodiment the present invention relates to compositions and methods of using the silver tetroxide compositions on the skin while minimizing the amount of additional oxidizer, such as persulfate. In one embodiment, the compositions are substantially free of added persulfates, while in a preferred embodiment, the compositions are completely free of added persulfates. In one preferred embodiment, the compositions
 25 are substantially free of added oxidizer, while in another preferred embodiment they are completely free of added oxidizer.

Where the electron active compositions according to the invention are applied to the skin, they may be combined with a carrier in an amount from about 1 ppm to 500,000 ppm, more preferably from about 50 ppm to 250,000 ppm, of the electron active
 30 metal oxide composition, based on the weight of the composition. In various embodiments, the compositions are provided in amounts from about 100 ppm to 100,000 ppm, from about 500 ppm to 70,000 ppm, from about 5,000 ppm to 50,000 ppm, or from about 10,000 ppm to 40,000 ppm, based on the weight of the composition. In one preferred embodiment, the compositions are formulated with about 25,000 ppm to 35,000 ppm of metal oxide, based

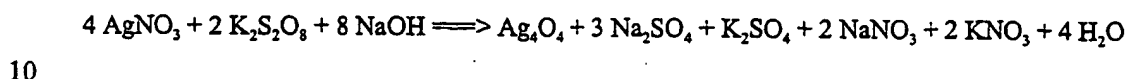
on the weight of the composition. It will be readily understood by those of ordinary skill in the art that the ppm concentration of electron active compound(s), such as metal oxide, in the composition is based on the total weight of the composition.

Where the tetrasilver tetroxide compositions according to the invention are
5 applied to the skin, they may be combined with a carrier at an amount from about 5 ppm to 500,000 ppm, more preferably from about 50 ppm to 250,000 ppm of the tetroxide composition, based on the weight of the carrier. In various embodiments, the compositions are provided in amounts from about 400 ppm to 100,000 ppm, from about 1,000 ppm to 70,000 ppm, from about 10,000 ppm to 50,000 ppm, or from about 20,000 ppm to 40,000
10 ppm. In one preferred embodiment, the compositions are formulated with about 25,000 ppm to 35,000 ppm of tetrasilver tetroxide. It will be readily understood by those of ordinary skill in the art that 1 ppm of tetrasilver tetroxide composition is approximately equivalent to 1 mg / L for all metal oxides, such as tetrasilver tetroxide. The compositions, when applied topically, can be applied to the skin about 1 to 3 times per day until the
15 condition is suitably cured or satisfactorily controlled. In one embodiment, the composition may generally be topically applied at a dosage level of from about 1 mg to 1000 mg per cm² of skin surface, preferably about 10 mg to 500 mg per cm² of skin surface.

The tetroxide compositions of the invention have been tested topically directly in powder form, as well as in several compounded formulations, for treating a wide
20 assortment of skin conditions and diseases. Success was achieved in all cases except for certain stubborn nail fungi. When treating or managing conditions that require skin growth, such as burn therapy or skin graft management or treatment, a preferred embodiment employs amounts of about 0.1 to 10 percent by weight, about 0.25 to 5 percent by weight, or about 2 to 4 percent by weight of the compounds or compositions of the invention. The
25 compositions, when applied topically, can be applied to the skin about 1 to 3 times per day until the condition is suitably cured or satisfactorily controlled. In one embodiment, the composition may generally be topically applied at a dosage level of from about 1 mg to 1000 mg per cm² of skin surface, preferably about 10 mg to 500 mg per cm² of skin surface. When applied topically, a preferred carrier includes petroleum jelly, such as white
30 petroleum jelly. For example, a suitable white petroleum jelly is available from Penreco of Houston, TX.

Most of the metal oxide compounds, for example, for use according to the invention are commercially available from various sources. Tetrasilver tetroxide

compositions for use according to the invention have been commercially sold under the poorly named "Ag(II) OXIDE" tradename. They may be obtained from Aldrich Chemical Co., Inc., having a place of business in Milwaukee, WI. The chemical synthesis of tetrasilver tetroxide compounds can also be performed according to the method described
5 on page 148 in M. Antelman, "Anti-Pathogenic Multivalent Silver Molecular Semiconductors," *Precious Metals*, vol. 16:141-149 (1992) by reacting silver nitrate with potassium peroxydisulfate according to the following equation in alkali solutions:



To the extent necessary to understand the present invention, the disclosure of Antelman is hereby incorporated herein by express reference thereto.

Tetracopper tetroxide, also referred to herein as Cu(I,III) oxide or Cu_4O_4 , may be prepared as follows.

15 Suitable copper-based starting materials for this reaction include at least one copper(I)-containing material. In one embodiment, a water soluble copper(I) salt can be used. Typically, a water soluble copper(I) salt can be prepared by dissolving an inorganic copper(I) compound, for example, such as cuprous oxide, in an appropriate acid, for example, an organic acid, such as acetic acid. Since soluble copper(I) salts are not readily
20 commercially available at the present time, however, a non-solvated inorganic copper(I) compound, such as cuprous oxide itself, can be used as the copper(I)-containing starting material. In addition, other copper(I)-containing materials, either inorganic, such as a copper(I) oxide, or organic, such as an organometallic copper(I) compound, or both, may be used, where the copper(I)-containing material(s) are sufficiently soluble in an aqueous or
25 organic solution to allow reaction with other materials to form an electron active copper oxide compound.

The copper(I)-containing starting material is combined with an aqueous caustic solution. This caustic solution preferably contains two components: a strong caustic base and a peroxy acid salt. Examples of suitable strong caustic bases include
30 Group I and Group II hydroxides, preferably sodium hydroxide or potassium hydroxide. Examples of suitable peroxy acid salts include Group I salts of persulfates, preferably potassium persulfate.

The copper-based starting material is typically the limiting reagent in such a preparation. The ratio of each of the components in the caustic solution to that of the copper-based starting material is theoretically set by the stoichiometry of the particular reaction. In one preferred embodiment, there is a relative molar excess, *i.e.*, an amount
5 more than stoichiometrically necessary, of each of the components in the caustic solution with respect to the copper-based starting material. When a strong caustic base and a peroxy acid salt are present in the caustic solution, the relative molar excesses of the components may be at least about 50% and at least about 10%, respectively, preferably at least about 100% and at least about 20%, respectively, more preferably, at least about 250% and at least
10 about 40%, respectively, most preferably at least about 500% and at least about 75%, respectively.

Generally, the reactants may be added together in any manner that comports with typical laboratory procedure. In one embodiment, the copper(I)-containing starting material is placed in a reactor, to which the strong caustic base and the peroxy acid salt are
15 added, each typically in their own solutions. The solution containing the reactants is then typically heated to a temperature sufficient to activate a reaction, preferably sufficient to activate a reaction with no major undesirable side reactions or other undesirable effects, more preferably above about 80°C, most preferably about 90°C to 95°C. The solution is heated for a time sufficient to facilitate the reaction, preferably to provide substantial
20 completion of the reaction, preferably for at least about 5 minutes, more preferably for at least about 15 minutes, after which time the solution is allowed to cool or is cooled, preferably to below about 45°C, more preferably to about room temperature.

The color change of the solution, from its original color, red, to a color indicating a reaction has occurred, in this case black, may occur at the heated temperature or
25 during or after cooling.

The purification and isolation of the desired product can be accomplished by any suitable method available to those of ordinary skill in the art. In the majority of situations, the desired reaction product is primarily a solid, but may be dissolved or dispersed in at least part of the solution. In one preferred embodiment, the solution is
30 carefully decanted off, and then the remaining product is washed multiple times with distilled water, before being sufficiently dried. In another preferred embodiment, the solution is vacuum filtered to remove the filtrate, and the remaining product is sufficiently dried.

The yield of solid tetracopper tetroxide material, based on the reactants, is typically at least about 10%, preferably at least about 45%, more preferably at least about 75%, most preferably at least about 80%.

In addition, Fe(II,III) oxide and Mn(II,III) oxide are commercially available
5 from Aldrich Company of Milwaukee, WI, and Co(II,III) oxide and Pr(III,IV) oxide are commercially available from Noah Technologies of San Antonio, TX. Also, Bi(III,V) oxide synthetic routes are detailed and reviewed in *Gmelins Handbuch Der Anorganischen Chemie*, vol. 16:642 (1964), and the oxide is available commercially from City Chemicals of New York, NY.

10 The magnitude of a prophylactic or therapeutic dose of electron active composition(s), or a derivative thereof, in the acute or chronic management of diseases and disorders described herein will vary with the severity of the condition to be prevented, treated, or managed and the route of administration. For example, oral, mucosal (including rectal and vaginal), parenteral (including subcutaneous, intramuscular, bolus injection, and
15 intravenous, such as by infusion), sublingual, transdermal, nasal, buccal, and like may be employed. In one embodiment, a patient may gargle using the composition of the present invention. Dosage forms include tablets, troches, lozenges, dispersions, suspensions, suppositories, solutions, capsules, soft elastic gelatin capsules, patches, and the like. The dose, and perhaps the dose frequency, will also vary according to the age, body weight, and
20 response of the individual patient. Suitable dosing regimens can be readily selected by those of ordinary skill in the art with due consideration of such factors. In general, the total daily dosage for the conditions described herein, is from about 0.1 mg to 1,000 mg of the active ingredient, *i.e.*, one of the metal oxides described herein, or a derivative thereof. In another embodiment, the daily dosage can be from about 1 mg to 500 mg, while in another
25 embodiment, the daily dosage can be from about 2 mg to 200 mg of the metal oxide composition. A unit dosage can include, for example, 30 mg, 60 mg, 90 mg, 120 mg, or 300 mg of metal oxide composition. Preferably, the active ingredient is administered in single or divided doses from one to four times a day, such as by topical administration. In another embodiment, the compositions are administered by an oral route of administration.
30 The oral dosage forms may be conveniently presented in unit dosage forms and prepared by any methods available to those of ordinary skill in the art of pharmacy.

In managing the patient, the therapy may be initiated at a lower dose, *e.g.*, from about 1 mg, and increased up to the recommended daily dose or higher depending on

the patient's global response. It is further recommended that children, patients over 65 years, and those with impaired renal or hepatic function, initially receive low doses when administered systemically, and that they be titrated based on individual response(s) and blood level(s). It may be necessary to use dosages outside these ranges in some cases, as
5 will be apparent to those of ordinary skill in the art. Furthermore, it is noted that the clinician or treating physician will know how and when to interrupt, adjust, or terminate therapy in conjunction with individual patient response.

Any suitable route of administration may be employed for providing the patient with an effective dosage of electron active metal oxide, or a derivative thereof. The
10 most suitable route in any given case will depend on the nature and severity of the condition being prevented, treated, or managed. In one embodiment where burns or skin grafts are being treated or managed, the compounds or compositions may be administered topically.

In practical use, the electron active compound, such as a metal oxide, or a derivative thereof, can be combined as the active ingredient in intimate admixture with a
15 pharmaceutical carrier medium according to conventional pharmaceutical compounding techniques. The carrier may take a wide variety of forms and may include a number of components depending on the form of preparation desired for administration. The compositions of the present invention may include, but are not limited to, suspensions, solutions and elixirs; aerosols; or carriers, including, but not limited to, starches, sugars,
20 microcrystalline cellulose, diluents, granulating agents, lubricants, binders, disintegrating agents, and the like.

Suitable forms in which the electron active compounds or compositions of the present invention may be used include, but are not limited to, powder, granule, flake, solution, suspension, emulsion, slurry, aerosol spray, gel, paste, and combinations thereof.
25 In one preferred embodiment, the form is a powder or solution. When the electron active compounds are in the form of a solution, the solution may be aqueous, non-aqueous, or a combination thereof, preferably at least partially aqueous, more preferably substantially aqueous. In a preferred embodiment, the metal oxides are in an aqueous solution.

The compositions of the invention may be applied topically, *e.g.*, either
30 directly as a powder, powder crystals, or granules, or in other non-sprayable or sprayable forms. Non-sprayable forms can be semi-solid or solid forms including a carrier indigenous to topical application and preferably having a dynamic viscosity greater than that of water. Suitable formulations include, but are not limited to, suspensions, emulsions, creams,

ointments, powders, liniments, salves and the like. If desired, these may be sterilized or mixed with any available auxiliary agents, carriers, or excipients, *e.g.*, thixotropes, stabilizers, wetting agents, and the like. One or more thixotropic agents can be included in types and amounts sufficient to increase adhesion of topically applied compositions of the invention to the skin, so as to inhibit or prevent runoff or other loss of the composition from the treatment zone on the skin. Preferred vehicles for non-sprayable topical preparations include ointment bases, *e.g.*, polyethylene glycol-1000 (PEG-1000); conventional ophthalmic vehicles; creams; and gels, as well as petroleum jelly and the like. In one more preferred embodiment, the carrier includes a petroleum jelly. In another preferred embodiment, the carrier is formulated as a cream, gel, or lotion. In another preferred embodiment, the carrier is 3 weight percent active ingredient, 36 weight percent heavy mineral oil, 47 weight percent petroleum jelly, and 14 weight percent Tivawax P, which is available from Tivian Laboratories, Inc., of Providence, RI. In yet another preferred embodiment, the composition may be a dry powder, such as with 5 weight percent active ingredient and 95 weight percent bismuth subgallate. These topical preparations may also contain emollients, perfumes, and/or pigments to enhance their acceptability for various usages.

The compositions may also be formulated for parenteral administration by injection (subcutaneous, bolus injection, intramuscular, or intravenous, such as by infusion), and may be dispensed in a unit dosage form, such as a multidose container or an ampule. Compositions of the electron active metal oxide, or a derivative thereof, for parenteral administration may be in the form of suspensions, solutions, emulsions, or the like, in aqueous or oily vehicles, and in addition to the active ingredient, may contain one or more formulary agents, such as dispersing agents, suspending agents, stabilizing agents, preservatives, and the like.

In the case where an intravenous injection or infusion composition is employed, a suitable dosage range can be, *e.g.*, from about 0.5 mg (0.1 ppm) to about 1,000 mg (200 ppm) total dose, preferably from about 5 mg (1 ppm) to 400 mg (80 ppm). In one preferred embodiment, the total dose can be from about 50 mg (10 ppm) to 200 mg (40 ppm). It should be understood that any suitable amount of the composition according to the invention may be administered if effective to prevent, treat, or manage one or more conditions described herein.

Pharmaceutical compositions of the present invention may be orally administered in discrete pharmaceutical unit dosage forms, such as capsules, cachets, soft elastic gelatin capsules, tablets, or aerosols sprays, each containing a predetermined amount of the active ingredient, as a powder or granules, or as a solution or a suspension in an aqueous liquid, a non-aqueous liquid, an oil-in-water emulsion, or a water-in-oil liquid emulsion. Such compositions may be prepared by any of the methods of pharmacy, but all methods include the step of bringing into association the active ingredient with the pharmaceutically acceptable carrier which constitutes one or more necessary ingredients. In general, the compositions are prepared by uniformly and intimately admixing the active ingredient with liquid carriers or finely divided solid carriers or both, and then, if necessary, shaping the product into the desired presentation. Suitable types of oral administration include oral solid preparations, such as capsules or tablets, or oral liquid preparations. If desired, tablets may be coated by standard aqueous or nonaqueous techniques.

For example, a tablet may be prepared by compression or molding, optionally, with one or more accessory ingredients. Compressed tablets may be prepared by compressing in a suitable machine the active ingredient in a free-flowing form such as powder or granules, optionally mixed with a binder, lubricant, inert diluent, granulating agent, surface active agent, dispersing agent, or the like. Molded tablets may be made by molding, in a suitable machine, a mixture of the powdered compound moistened with an inert liquid diluent. In one embodiment, each tablet, capsule, cachet, or gel cap contains from about 0.5 mg to about 500 mg of the active ingredient, while in another embodiment, each tablet contains from about 1 mg to about 250 mg of the active ingredient. The amount of active ingredient found in the composition, however, may vary depending on the amount of active ingredient to be administered to the patient.

Another suitable route of administration is transdermal delivery, for example, via an abdominal skin patch.

The electron active compound(s), or a derivative thereof, may be formulated as a pharmaceutical composition in a soft elastic gelatin capsule unit dosage form by using conventional methods well known in the art, such as in Ebert, *Pharm. Tech.*, 1(5):44-50 (1977). Soft elastic gelatin capsules have a soft, globular gelatin shell somewhat thicker than that of hard gelatin capsules, wherein a gelatin is plasticized by the addition of plasticizing agent, e.g., glycerin, sorbitol, or a similar polyol. The hardness of the capsule shell may be changed by varying the type of gelatin used and the amounts of plasticizer and

water. The soft gelatin shells may contain an additional preservative, such as methyl- and propylparabens and sorbic acid, to prevent the growth of fungi, although this is not essential since the compounds and compositions of the invention provide anti-fungal efficacy. Thus, in one embodiment, the invention includes a compositions formulated as a gelatin shell with
5 the composition of the invention, *e.g.*, a metal oxide, completely free of added preservatives. The active ingredient may be dissolved or suspended in a liquid vehicle or carrier, such as vegetable or mineral oils, triglycerides, surfactants such as polysorbates, or a combination thereof.

In addition to the common dosage forms set out above, the compounds of the
10 present invention may also be administered by controlled release means, delivery devices, or both, as are well known to those of ordinary skill in the art, such as those described in U.S. Patent Nos.: 3,845,770; 3,916,899; 3,536,809; 3,598,123; 4,008,719; 5,674,533; 5,059,595; 5,591,767; 5,120,548; 5,073,543; 5,639,476; 5,354,556; and 5,733,566, the disclosures of which are hereby incorporated herein by express reference thereto. These
15 pharmaceutical compositions can be used to provide slow or controlled-release of the active ingredient therein using, for example, hydropropylmethyl cellulose in varying proportions to provide the desired release profile, other polymer matrices, gels, permeable membranes, osmotic systems, multilayer coatings, microparticles, liposomes, microspheres, or the like, or a combination thereof. Suitable controlled-release formulations available to those of
20 ordinary skill in the art, including those described herein, may be readily selected for use with the compositions of the invention. Thus, single unit dosage forms suitable for topical or oral administration, such as gels, lotions, cremes, tablets, capsules, gelcaps, caplets, and the like, that are adapted for controlled-release are encompassed by the present invention.

All controlled-release pharmaceutical products have a common goal of
25 improving drug therapy over that achieved by their non-controlled counterparts. Ideally, the use of an optimally designed controlled-release preparation in medical treatment is characterized by a minimum of drug substance being employed to cure or control the condition in a minimum amount of time. Advantages of controlled-release formulations may include: 1) extended activity of the drug; 2) reduced dosage frequency; and 3)
30 increased patient compliance.

Most controlled-release formulations are designed to initially release an amount of drug that promptly produces the desired therapeutic effect, and gradual and continual release of other amounts of drug to maintain this level of therapeutic effect over

an extended period of time. In order to maintain this constant level of drug in the body, the drug should be released from the dosage form at a rate that will replace the amount of drug being metabolized and excreted from the body.

The controlled-release of the active ingredient may be stimulated by various
5 inducers, for example pH, temperature, enzymes, water, or other physiological conditions or compounds. The term "controlled-release component" in the context of the present invention is defined herein as a compound or compounds, including polymers, polymer matrices, gels, permeable membranes, liposomes, microspheres, or the like, or a combination thereof, that facilitates the controlled-release of the active ingredient (*e.g.*,
10 tetrasilver tetroxide or another metal oxide) in the pharmaceutical composition.

The pharmaceutical or skin-growth-enhancing compositions for use in the present invention include electron active metal oxides, or a derivative thereof, as the active ingredient, and may also contain a pharmaceutically acceptable carrier, and optionally, other therapeutic ingredients. Suitable derivatives include any available "pharmaceutically
15 acceptable salts," which refer to a salt prepared from pharmaceutically acceptable non-toxic acids including inorganic acids, organic acids, solvates, hydrates, or clathrates thereof. Examples of such inorganic acids are nitric, sulfuric, lactic, glycolic, salicylic, and phosphoric. Appropriate organic acids may be selected, for example, from aliphatic, aromatic, carboxylic and sulfonic classes of organic acids, examples of which are formic,
20 acetic, propionic, succinic, camphorsulfonic, citric, fumaric, gluconic, isethionic, lactic, malic, mucic, tartaric, para-toluenesulfonic, glycolic, glucuronic, maleic, furoic, glutamic, benzoic, anthranilic, salicylic, phenylacetic, mandelic, embonic (pamoic), methanesulfonic, ethanesulfonic, pantothenic, benzenesulfonic (besylate), stearic, sulfanilic, alginic, galacturonic, and the like. Particularly preferred acids are lactic, glycolic, and salicylic
25 acids. The pharmaceutically acceptable salts preferably do not include halide-containing salts when tetrasilver tetroxide is present, as these salts are believed to facilitate breakdown of the oxide lattice present in the silver oxide compositions of the invention.

EXAMPLES

30 These and other aspects of the present invention may be more fully understood with reference to the following non-limiting examples, which are merely illustrative of the preferred embodiment of the present invention, and are not to be construed as limiting the invention, the scope of which is defined by the appended claims.

EXAMPLE 1: Method of Treating Diabetes-Induced Foot Ulcers According to Invention

Twenty eight patients in the age group ranging from 45 to 65 having diabetes-induced foot ulcers were arranged in two groups. All of the patients were taking insulin injections and were diagnosed as Type I insulin dependent. Moreover, all of the
5 patients had presented the diabetic foot condition for at least 10 days prior to treatment

Group I included fourteen patients where culture swabs of the ulcerated skin indicated the presence of bacteria (infection). Group II included fourteen patients where culture swabs of the ulcerated skin did not indicate the presence of abnormal amounts of bacteria (no infection).

10 The patients in each group were treated by applying 200 mg of a petroleum jelly containing 3 wt% tetrasilver tetroxide twice daily to the ulcerated sores for a 30-day period. Daily evaluations of the skin condition were conducted by a dermatologist.

Summary of Results

15 Group I: Within 48 hours of the onset of treatment, the sores on the feet of all patients began to dry out. After 72 hours, the ulcers on all patients started to heal at the borders. By the fourth day, inflammation of the diseased tissue eased, and by the sixth day the ulcers were completely dry with no surface secretions. By the tenth day, the ulcers on all patients feet had completely disappeared. Lab tests indicated no sign of infection on the
20 feet of any patient by the tenth day.

Group II: Within 24 hours of the onset of treatment the sores on the feet of all patients began to dry out and heal at the borders with no secretion. By the third day, the sores on all patients were covered with new healthy tissue. By the tenth day, the ulcers had healed and completed the process of forming scar tissue by 80%. At day 14 of the
25 treatment, all of the ulcers were 100% healed with no sign of infection.

Continuous monitoring of both groups over the 30-day period indicated no reappearance of the ulcers.

The above tests demonstrated that tetrasilver tetroxide treatment was effective in both curing infections associated with diabetes-induced ulcers and healing the
30 ulcers themselves. Without being bound by theory, it is believed that the active tetroxide compositions of the present invention accelerated the neovascularization process of the affected tissue and facilitated the treatment.

EXAMPLE 2: Effect of Compositions of Invention on Burn Therapy

Fourteen (14) patients ranging in age from 11 to 38 years old were diagnosed as having tissue injury caused by thermal contact. These patients were arranged in two groups, and all previous treatments were removed before any new treatments were applied.

5 Group I: 7 patients were diagnosed as having second degree burns, 20% BSA, of moderate severity on the hands and arms. These patients had received anterior treatment for one week. The conventional anterior treatment was a standard burn therapy composition including 0.5 weight percent of silver nitrate solution, mafenidate acetate, and 1 percent silver sulfadiazine. All patients presented bacterial invasion including
10 streptococci and staphylococci. The tissue on all patients had blisters and fibrinous exudate. Each patient applied 200 mg of ointment containing 3 wt% tetrasilver tetroxide in 97 wt% petroleum jelly three times daily to the arm burns, which were then covered by 3 layers of cotton roll bandages. The hands of each was covered by gloves, which were changed every 10 days, that contained 500 mg of ointment (3 wt% tetrasilver tetroxide and 97 wt%
15 petroleum jelly). The patients were evaluated every day for 30 days in the hospital, without any outpatient treatment and with daily laboratory tests.

 Group II: The other 7 patients were diagnosed as having third degree burns, 40% to 65% BSA, large severity, on both hands, arms, feet, and legs. All members received the same conventional anterior treatment as the Group I patients.

20 Group IIA: Four of these patients had 40% BSA burns with lab results showing no bacterial invasion. These patients had normal temperature curves and hemograms, and they had skin surfaces that were pale and anesthetic. These patients received electrolyte volume replacement. They each applied 300 mg of the same ointment noted above 3 times per day for 30 days, with hands in gloves containing 500 mg of the
25 same ointment and changed every ten days. Laboratory tests were performed every week.

 Group IIB: Three of the patients had 65% BSA burns with bacterial invasion confirmed by lab testing. The temperature curve of each was in the range of 39.5°C to 39.9°C at the beginning of treatment. The hemograms of each showed a marked leucosytosis, and the skin surfaces were black, charred, and leathery. All patients in this
30 group had escharotomies before treatment and the fever did not disappear. This group received the same treatment as Group IIA above.

Results

Group I: Over a period of 6 to 9 days, all patients observed the burn lesions dry out, and all blisters and erythematous areas disappear. Minimal fibrinous exudate was present, with no patient having a fever. By day 14, the hemograms became normal. In 10 more days, *i.e.*, by day 24, the lesions in the hands were evaluated. The skin was completely healed and had no more fibrinous exudate. Skin cultures were normal with no bacterial invasion reported. Skin necrosis did not develop in any patient in this group, and all joint functions were preserved. None of the patients had to be in a surgery room for wound cleaning, removal, or debridement. Even after six months of conventional treatment, the results do not match those after 30 days of treatment using the compositions and methods of the present invention.

Group IIA: At day 10, the gloves were removed from all patients and the skin of the hands was healed with no sign of skin necrosis. All joint functions were preserved and no patient had wound bed contractions. Escharotomies were not required, and none of the patients developed sodium loss, hypokalemia, hypochloremia, alkalosis, or methemoglobinuria, each of which is an adverse effect that may occur in burn victims during or following conventional treatment. Over a period of 13 to 20 days, all patients in this group had the injured skin become normal in color and texture. No bacterial invasion was present after the treatment and lab tests were normal.

Group IIB: At day 10, the gloves were removed from all patients and the skin of the hands was healed about 50 %. At day 20, the gloves were removed again and the injured skin was all healed with no sign of skin necrosis. All of the skin on the patients developed wound bed contractions, but all joint functions were preserved. About one-third of the patients developed sodium loss and hypokalemia, but none developed hypochloremia, alkalosis, or methemoglobinuria. Over a period of 23 to 28 days, the injured skin on all patients in this group dried out and lab tests did not indicate the presence of bacterial invasion. No fever was present and the black, charred, leathery skin became normal skin. The patients of this group continued with outpatient follow-up to evaluate the wound bed contractions, examine the skin for cellulitis, and to consider excisional therapy.

Conclusions

The composition according to the invention used for treating second degree burns, 20% BSA, of moderate severity with bacterial invasion seemed to eliminate 100% of

the bacteria and heal the injured skin in a record time of 10 days. The use of gloves filled with a composition prepared according to the invention to treat hand burns healed these burns faster than any known conventional hand burn treatment. The composition of the invention also prevented bacterial invasion of skin burn injury having no bacterial invasion, prevented skin necrosis in burn injuries, and increased the speed of healing of tissue caused by thermal burn contact. With respect to third degree burns, the composition of the invention caused sodium losses and hypokalemia, but helped to preserve joint functions.

EXAMPLE 3: Compositions of Invention Compared to Art

10 A comparison study was conducted of tetrasilver tetroxide, prepared in accordance with the present invention, and a conventional monovalent silver oxide. Benchmark Analytics of Center Valley PA, a licensed certifying laboratory, tested the efficacy of 2 ppm of each compound against *E. Coli*. A 100,000 CFU/mL culture had a 43% kill, *i.e.*, of 43,000 in 10 minutes contact time with the composition of the invention, compared with a 37.3% reduction with the conventional silver oxide of a 75,000 CFU/mL culture under the same conditions. Since the tetrasilver tetroxide contains 87% silver by weight, and the conventional silver oxide contains 93% silver by weight, the silver does not appear to be primarily responsible for the antimicrobial efficacy of the composition of the invention. Indeed, when one adjusts the results to a content of 2 ppm silver, the tetrasilver tetroxide kills 49,000, and the conventional compound kills only 30,000, each calculated for a 100,000 CFU/mL culture, of *E. Coli*. Thus, the antibacterial efficacy of the composition of the invention is believed to facilitate the treatment or management of burns. In one embodiment, the electron active compound can inhibit or prevent bacterial or other pathogenic invasion of burns or skin grafts, which can facilitate healing.

25 Based on all of the test data described in Examples 1-3 above, the healing mechanism associated with the use of the metal oxides of the invention to treat and manage at least some skin diseases, without being bound by theory, appears to involve mechanisms other than merely inhibiting or killing pathogens and curing infections that tend to aggravate disease and retard the natural healing process. The data indicate that healing is brought about even in cases where no abnormal bacteria counts or infection is evident. This suggests that the electron active compound(s) may also act against auto-antibodies that trigger autoimmune reactions associated with diseased tissue, as well as against other non-

pathogenic conditions or diseases, such as circulatory or neurological conditions or diseases.

EXAMPLE 4: Method of Treating Dermatological Disease According to Present Invention

5 A female, age 28, resident of Central America, had a red rash caused by an unidentified dermatological tropical disease on her thigh. The condition was cured by a light dusting of 20 mg of Ag_4O_4 compound in crystal form on the area. Similar occurrences in the past to the subject failed to be cured by other dermatological preparation sold as cures for said condition.

10

EXAMPLE 5: Method of Treating Fungal Infection According to Present Invention

A female, age 27, had a fungus infection in her navel. She was cured by direct application of 20 mg of Ag_4O_4 compound in crystal form to the affected area within 24 hours.

15

EXAMPLE 6: Method of Treating Herpes Simplex Sores According to Present Invention

A female in her early thirties had suffered from recurrent cold sores for five years. The subject stated in a written communication, "I have tried every over-the-counter medication for this ailment without even marginal success. I even tried the five times a day
20 for five days herpes medication that my doctor prescribed with disappointing results." Subject tried various concentrations of Ag_4O_4 dispersed in petroleum jelly. All formulations reduced the severity and duration of the herpes simplex. Subject was given a final formulation of 10,000 ppm Ag_4O_4 dispersed in white petroleum jelly, *e.g.*, 1 weight percent of the tetrasilber tetroxide with 99 weight percent petroleum jelly. In many
25 instances, quick application of the ointment upon the appearance of a cold sore resulted in disappearance of the cold sore the next day. Otherwise, if not caught quickly, sores were contained within 36 hours, which was a vast improvement over the previous treatments used by the patient.

30 EXAMPLE 7: Method of Treating Itch According to Present Invention

An 82-year-old female had suffered six months from an external vaginal itch which defied treatment. Application of Ag_4O_4 ointment dispersed in petroleum jelly (as described in Example 6) cured the condition.

EXAMPLE 8: Method of Treating Herpes Simplex According to Present Invention

Twenty-two samples of Ag_4O_4 ointment as in Example 6 were distributed to different individuals who were suffering from herpes simplex. Each applied the ointment. While there was no attempt made to record the exact condition and severity of the herpes

5 subjects prior to treatment, all 22 cases were cured within 48 hours.

EXAMPLE 9: Method of Treating Shingles According to Present Invention

Having achieved success against herpes simplex, it was decided to test Ag_4O_4 ointment against shingles, which without being bound by theory is believed to be

10 caused by herpes zoster. Accordingly, a 67-year-old male applied the ointment of Example 6 three times a day for two days, after which time the shingles condition was completely gone.

EXAMPLE 10: Method of Treating Acne According to Present Invention

15 Two individuals, one male, the other female, ages 33 and 48, who were suffering from external acne condition, treated their skin three times a day with Ag_4O_4 ointment prepared according to Example 6. The acne was completely cured after two days of applying the ointment.

20 EXAMPLE 11: Method of Treating Oral Viral Herpes According to Present Invention

Fifteen patients with an age ranging from 30 to 35 that were diagnosed as having oral viral herpes were arranged in two groups. Group I had five patients that suffered from severe oral viral outbreaks with a recurring frequency of 21-28 days. The sizes of the herpes sores ranged from 3.5 to 5 mm. Group II had ten patients who suffered

25 from normal oral viral outbreaks with a recurring frequency of 28-42 days. The sizes of the herpes sores ranged from 1.25 to 1.75 mm. Both groups applied 50 to 200 mg of ointment containing 3 weight percent tetrasilver tetroxide with 97 weight percent petroleum jelly to the affected areas. Group I applied the ointment (within 12 hrs.) after the herpes sores broke through the skin and blistered. Group II was divided into two subgroups. Group IIA

30 applied the ointment (within 12 hrs.) after the herpes sores broke through the skin and blistered. Group IIB applied the ointment 4-12 hrs. before the herpes sores broke through the skin and blistered. Application was twice daily. Patients reported daily on the

pharmacological effects. Sizes of the herpes growth was observed on a daily basis for five days and frequency of reoccurrence was observed and recorded.

Summary of Results

5 Group I: Over a period of 24-48 hours, all of the patients observed the herpes sores regress and dry out. By day three, the sores were not visible and the skin was healed. All patients exhibited a longer recurrence time of 32-44 days, excluding one patient who did not have a recurrence for eight months. The sizes of the herpes sores upon recurrence were significantly smaller at 2.2 to 3.5 mm.

10 Group IIA: Over a period of 24-48 hours, all the patients observed the herpes sore regress and dry out. By the end of day three, the sores were not visible and the skin was healed. All patients exhibited a longer recurrence time from 34-55 days. The sizes of the herpes sores upon reoccurrence were significantly smaller at 0.8 to 1.4 mm.

 Group IIB: Over a period of 12-24 hours all the patients observed that the
15 herpes was retained and never broke through the skin as a blister. By the end of day two, there were no signs of herpes sores at all. There was not even the slightest amount of discomfort around the area where the blisters would have flourished. All patients exhibited a longer recurrence time from 36-62 days. The sizes of the herpes upon recurrence were 0.7 to 1.6 mm.

20

Conclusions

 Tetrasilber tetroxide used as a topological ointment: (1) eliminated oral viral herpes sores within a period of 48 hours from the time of the first application; (2) extended the recurrence period of the viral herpes breakout cycle; and (3) prevented the herpes virus
25 from breaking through the skin when used before an outbreak occurs.

EXAMPLE 12: Method of Treating Atopic Dermatitis According to Present Invention

 Twenty patients ranging from age 8 months to 10 years were clinically diagnosed as suffering from atopic dermatitis involving inflamed lesions of the face and
30 extremities, but without bacterial involvement. These patients were previously treated by the application of topical steroids to the affected skin areas, which was not effective and was discontinued before these trials began. The patients were divided into two groups.

Group I had ten randomly selected patients. A petroleum jelly containing 3 wt% tetrasilber tetroxide was applied at a dosage of about 100 mg to all affected skin areas of each patient twice daily for a period of five days. Daily evaluation of the skin condition was made by a dermatologist.

- 5 Group II was a control group of the remaining ten patients. This group was treated by twice daily application to the affected skin areas of about 100 mg of pure petroleum jelly, which was free of added tetrasilber tetroxide.

Summary of Results

- 10 Group I: Within 12 hours of the onset of treatment, the lesions on all patients began to show healing and drying and no longer exhibited prurito in the affected skin areas. Within 24 hours of the onset of treatment, signs of irritation of the skin areas had subsided. After 48 hours, signs of irritation had disappeared and the lesions were no longer visible. No side effects were reported. Treatment on all patients was discontinued
- 15 after 5 days, but the group was assessed daily for any recurrence of the lesions. Two of the patients presented a reappearance of lesions by the twenty-fourth day, but these lesions were smaller and less irritating than the original lesions. Treatment was resumed on these two patients and after 24 hours the subsequent lesions had disappeared.

- Group II: At 12 hours after the onset of the application of pure petroleum
- 20 jelly to the affected skin areas, there were no signs of improvement of the skin. After 23-days, the injuries remained the same. After 29-days, the lesions gradually became more irritated with no sign of healing of the atopic dermatitis.

- The above tests demonstrated that the tetrasilber tetroxide treatment was effective in most patients in healing atopic dermatitis within 24 hours of the commencement
- 25 of treatment and appeared to halt the self-immunological reaction of atopic dermatitis at the local level, avoid the infections typically caused by this disease, and reduced the risk of new injuries during the treatment period. The present compositions were effective in reversing disease when it recurred, increasing the period of recession of the condition.

30 EXAMPLE 13: Method of Treating Psoriasis and Related Disorders According to Invention

Twenty four patients between the ages of 13 and 40 years were diagnosed as suffering from psoriasis, exhibiting irritation, scaliness and both the Auspitz sign and the

Koebner phenomenon. All patients had been previously treated with topical steroids and were genetic transmitters of psoriasis. The patients were divided into two groups.

Group I had 12 patients where psoriasis was diagnosed less than 60 days prior to treatment. A petroleum jelly containing 3 wt% tetrasilver tetroxide of 200 mg was applied to affected skin areas twice a day over a 30-day period and each patient was evaluated by a dermatologist twice daily during the trial, with continued monitoring for the 30-day treatment period.

Group II had 12 patients who were diagnosed more than 60 days prior to treatment. Disease in this group was more severe than Group I and most had been suffering from psoriasis for many years, some exhibiting extensive disease on their backs. All had suffered from the disease since childhood. This group was treated by the same protocol as Group I, and was evaluated three times daily by a dermatologist.

Summary of the Results

Group I: By the tenth day of treatment, the psoriatic plates and inflamed areas of the treated skin started to heal. By the twentieth day, the Auspitz signs had disappeared on all patients. The papulo scale injuries were barely visible and the injured tissue had begun the process of granulation at the edges. By day 22, the inflammation changes within the plates were minimal. By day 27, the psoriatic plates present in the diseased skin of all patients had disappeared. By day 30, the psoriatic plates began the resolution process. By day 35, the skin on all patients appeared to be healed and the repigmentation process of the skin had been initiated.

Group II: By the twentieth day of treatment, the healing process on all patients had commenced as evidenced by the resolution of psoriatic plates and appearance of new tissue. All the plates were surrounded by new, healthy tissue, and a clear restitution process had begun. By day 28, the papulo scale injuries were of smaller sizes and the Auspitz signs were no longer visible. By day 30, the Koebner phenomenon had disappeared on all patients. By day 35, the psoriatic plates were very small and no longer visible on any patient.

The above test demonstrated that topical application of tetrasilver tetroxide to the affected skin areas of psoriasis sufferers effectively healed and/or controlled this disease, i.e., cured psoriatic plates and papulo scale injuries consistent with psoriasis diagnosis. The test also demonstrated that the recovery length is based on the extensiveness

of the psoriatic injury. It is also believed that moisturizing cream or other lotion should accompany the application of the compositions of the invention when treating psoriasis, so as to help reduce or prevent dryness of the injured tissues.

5 EXAMPLE 14: Treatment of Tinea Versicolor According to the Invention

Twenty patients between the ages of 24 to 35 were clinically diagnosed as suffering from Pitiriasis Versicolor (Tinea Versicolor), based on microscopic tissue examination. The patients were divided into two groups.

Group I had ten randomly selected patients. A petroleum jelly containing 3
10 wt% tetrasilver tetroxide was applied at a dosage of about 100 mg to all affected skin areas of each patient twice daily.

Group II was a control group of the remaining ten patients. This group was treated by twice daily application to the affected skin areas of about 100 mg of pure petroleum jelly, which was free of added tetrasilver tetroxide.

15 Observations of both groups were made for seven days, with evaluations for a 30 day period to ensure there were no additional changes in the condition.

Summary of Results

Group I: Within 48 hours of the onset of treatment, the dark brown injuries
20 on the patients started to discolor. By the fourth day, all dermic injuries from the neck, thorax, and stomach disappeared. By the fifth day, no skin injuries were visible, the skin being free and clear of any spots or marks caused by the disease. The patients were evaluated for the duration of the period, with no further changes reported.

Group II: Patients did not experience any changes in their condition over the
25 30 days. A microscopic test was made at the end of the 30 days, and the injuries were the same.

The above tests demonstrated that the tetrasilver tetroxide treatment was effective against *Pityrosporun Orbiculare* (Malassesia Furfur) fungus believed to be responsible for causing Tinea Versicolor.

30 Based on all of the test data described in Examples 4-14 above, the healing mechanism associated with the use of tetrasilver tetroxide to treat and cure at least some skin diseases, without being bound by theory, appears to involve mechanisms other than merely inhibiting or killing pathogens and curing infections that tend to aggravate disease

and retard the natural healing process. The data indicate that healing is brought about even in cases where no abnormal bacteria counts or infection is evident. This suggests that tetrasilver tetroxide may also act against auto-antibodies that trigger autoimmune reactions associated with diseased tissue, as well as against other non-pathogenic conditions or
5 diseases, such as circulatory or neurological conditions or diseases.

Although preferred embodiments of the invention have been described in the foregoing Detailed Description, it will be understood that the invention is not limited to the embodiments disclosed, but is capable of numerous rearrangements and modifications of parts and elements without departing from the spirit of the invention. It will be further
10 understood that the chemical and pharmaceutical details of the compositions and methods of prevention, treatment, or management herein may be slightly different or modified by one of ordinary skill in the art without departing from the claimed invention.

THE CLAIMS

What is claimed is:

- 5 1. A pharmaceutical composition comprising a therapeutically effective amount of tetrasilver tetroxide, or a pharmaceutically acceptable derivative thereof, substantially free of added persulfate.
2. The pharmaceutical composition of claim 1, wherein the amount is
10 from about 50 ppm to 500,000 ppm.
3. The pharmaceutical composition of claim 1, further comprising a carrier such that the composition is adapted for topical or transdermal administration.
- 15 4. The pharmaceutical composition of claim 3, adapted for topical administration and wherein the carrier comprises petroleum jelly or a thixotropic agent sufficient to increase adherence of the composition to skin without excessive runoff.
5. The pharmaceutical composition of claim 1, in the form of a powder
20 or a plurality of powder crystals or granules.
6. A method for preventing, treating, or managing one or more dermatological skin diseases in a patient's skin, which comprises administering tetrasilver tetroxide, or a pharmaceutically acceptable derivative thereof, which is substantially free of
25 added persulfate, to the skin in an amount and for a period of time which is therapeutically effective to treat such condition(s).
7. The method of claim 6, further comprising a carrier medium in which the tetrasilver tetroxide, or a derivative thereof, is dispersed, wherein the therapeutically
30 effective amount is from about 50 ppm to 500,000 ppm, based on the weight of the carrier medium.